



WILLIAMSON COUNTY

LONG TERM DISABILITY (LTD) ENROLLMENT FORM

Long Term Disability Policy Number #93624

Employee Name:	Employee Date of Birth:
Address:	Annual Earnings:
City State, Zip:	Date of Hire:
Employee Social Security # :	Phone Number:
Gender:	Department/Location:

Voluntary Long Term Disability Insurance –Employee Coverage Only

You have the opportunity to enroll in Williamson County's Voluntary Long Term Disability (LTD) insurance plan. LTD insurance helps to replace your income if you are sick or injured and cannot work and is designed to begin after you have been disabled for a predetermined waiting period, known as the elimination period, of 90 days. This plan provides you with income protection to replace up to 60% of your regular pay, to a maximum monthly benefit of \$5,000.

I understand the effective date of my coverage will be delayed if I am not in active employment because of an injury, sickness, temporary lay-off or leave of absence on the date this insurance would otherwise become effective. Use the calculation line below to determine your approximate monthly cost for this coverage. **

Please Note:

*Enrollment at time of new hire does not require evidence of good health.

*Pre-existing conditions could apply during the first 2 years of coverage on all enrollees as of effective date coverage. Pre-existing conditions are determined by Sun Life.

*Enrollment after the initial new hire election period (60 days from date of hire) will require evidence of good health that is satisfactory to Sun Life before approval of coverage.

*To be eligible for coverage, employees must be regularly scheduled to work 30 hours per week.

Age	Under 30	30-34	35-39	40-44	45-49	50-54	55 +
Rate	\$0.270	\$0.270	\$0.378	\$0.531	\$0.738	\$1.04	\$1.59

☐ I elect to **enroll** in the Voluntary LTD plan at the monthly cost below.

$$\frac{\text{Annual Salary}}{\text{[Maximum=\$100,000]}} \div 12 = \frac{\text{Monthly Salary}}{\text{Rate Above}} \div 100 = \text{\$} \text{Your Monthly Cost**}$$

☐ I elect to **decline** the Voluntary LTD plan and know that Evidence of Insurability will be required if I decline and then want to enroll at a later date. .

Employee Confirmation

I have been given the opportunity to enroll in Williamson County's Voluntary Long Term Disability program. I understand that if I decline as a new hire, but later decide to enroll, I will be required to provide evidence of good health that is satisfactory to Sun Life and understand my request for coverage may be denied. I authorize my employer to make the appropriate payroll deductions from my wages on a post-tax basis.

Employee Signature: _____ **Date:** _____

**The Beneficiary Designation Section must be completed at time of enrollment.
Please Sign and return this form to the Williamson County Benefits Department**

Beneficiary Designation -Supplemental Life, AD&D Insurance and LTD

Employee Name:	Employee Social Security #:
Address:	Date of Birth:
	Effective Date:
City, State, Zip:	Department – Title:

This form must be completed in full and returned to the Williamson County Benefits Department when enrolling in the Supplemental Life, AD&D and/or LTD coverage's

It is important that your beneficiary designation be clear so that there will be no question as to your meaning. It is also important that you name a primary and contingent beneficiary. When naming your beneficiary (ies) please indicate their full name, address, social security number, relationship, date of birth and distribution percentage. If the beneficiary is not related either by blood or by marriage, insert the words, "Not Related" next to their stated relationship. If you need assistance, contact your benefits administrator or your own legal counsel. Following are examples of the most common designations:

Primary:

- Mary J. Doe, Wife (not Mrs. John Doe).

Contingent:

- Joseph W. Doe, Son and Jane Doe, Daughter, in equal shares (50%).
- Estate of the Insured.

If you name more than one beneficiary with unequal shares, please show the amount of insurance to be paid to each beneficiary in fractional parts, for example "33% to Mary Jones, Mother, and 67% to Edith Jones, Wife."

	Full Name	Address	SSN	Relationship	D.O.B.	%
Primary						
Contingent						

The beneficiary for life insurance on the lives of your spouse and children will automatically be you, if surviving, otherwise the estate of the spouse and children, subject to policy provisions. A beneficiary for employee Life Insurance may be changed upon written request.

Employee Signature: _____ **Date:** _____